



**Alchemy Engineering Associates, Inc.**

**Mining & Civil Engineering Consultants**

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September 24<sup>th</sup> 2009

Division of Water  
Surface Water Permits Branch  
200 Fair Oaks Lane  
Frankfort, Ky 40601

Re: INDEVA-Corp Energy, Inc.  
DNR No. 836-5536  
KPDES No. KYG046061

Dear Erich Cleaver

Under cover of this letter you will find KPDES forms 1 and C for the above referenced coal mining application.

If you should have any questions or comments concerning the above referenced permit please contact me at (606) 886-8889.

Sincerely,

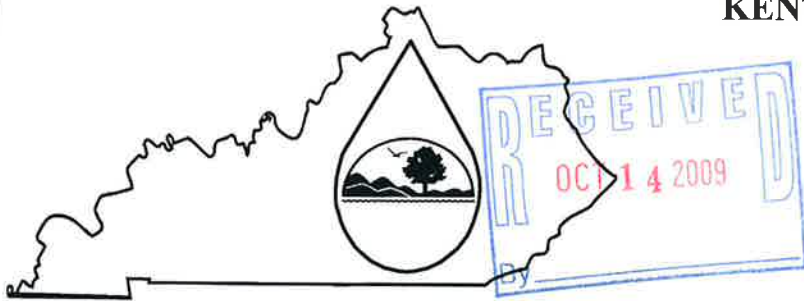
Robin Scudder  
Permit Tech.  
Alchemy Engineering Associates

# KPDES FORM 1

AI # 106351

## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION



This is an application to: (check one)

- ☒ Apply for a new permit.  
☐ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

|  |  |               |   |   |   |   |   |   |   |
|--|--|---------------|---|---|---|---|---|---|---|
| <b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>  |  | AGENCY<br>USE | 0 | 1 | 0   | 8 | 1 | 7 | 1 |
| A. Name of Business, Municipality, Company, Etc. Requesting Permit<br>INDEVA-CORP Energy, Inc. |  |               |   |   |   |   |   |   |   |
| B. Facility Name and Location  |  |               |   |   | C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D. |   |   |   |   |
| Facility Location Name:<br>836-5536  |  |               |   |   | Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/><br>Brandon Spencer                    |   |   |   |   |
| Facility Location Address (i.e. street, road, etc., not P.O. Box):<br>Daniels Creek            |  |               |   |   | Mailing Address:<br>5 Court Street  |   |   |   |   |
| Facility Location City, State, Zip Code:<br>Near City of Allen, Kentucky 41601                 |  |               |   |   | Mailing City, State, Zip Code:<br>Allen, Kentucky 41601   |   |   |   |   |
| D. Owner's name (if not the same as in part A and C):  |  |               |   |   | Facility Contact Telephone Number:<br>(859) 333-8953  |   |   |   |   |
| Owner's Mailing Address: 5 Court Street, Allen, Kentucky 41601                                 |  |               |   |   | Owner's Telephone Number (if different):  |   |   |   |   |

### II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Surface and deep mine coal removal areas. Two spoil storage areas, two coal haul roads and eleven sediment control structures.

### B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description: 12210100 - Bituminous Coal Surface Mining

Other SIC Codes:

### III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:  
Floyd

City where facility is located (if applicable):  
Near City of Allen

C. Body of water receiving discharge:  
Unnamed tributary of Levisa Fork of Big Sandy River and Daniels Creek.

D. Facility Site Latitude (degrees, minutes, seconds):  
37° 36' 39"

Facility Site Longitude (degrees, minutes, seconds):  
82° 41' 52"

E. Method used to obtain latitude & longitude (see instructions): Topographic Map Coordinates

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

**IV. OWNER/OPERATOR INFORMATION****A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Telephone Number:

Operator Mailing Address (Street):

Operator Mailing Address (City, State, Zip Code):

Is the operator also the owner?

Yes ☐ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☐

Certification Class:

Certification Number:

**V. EXISTING ENVIRONMENTAL PERMITS**

Current NPDES Number:

KYG046403

Issue Date of Current Permit:

Expiration Date of Current Permit:

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

836-5536

Which of the following additional environmental permit/registration categories will also apply to this facility?

| CATEGORY                                 | EXISTING PERMIT WITH NO. | PERMIT NEEDED WITH<br>PLANNED APPLICATION DATE |
|--|--------------------------|--|
| Air Emission Source                      |                          |  |
| Solid or Special Waste                   |                          |  |
| Hazardous Waste - Registration or Permit |                          |  |

**VI. DISCHARGE MONITORING REPORTS (DMRs)**

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

|   |                      |
|---|----------------------|
| A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water): | As listed in Item I. |
| DMR Official Telephone Number:  | As listed in Item I. |

**B. DMR Mailing Address:**

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

|                                    |                      |
|------------------------------------|----------------------|
| DMR Mailing Name:                  | As listed in Item I. |
| DMR Mailing Address:               | As listed in Item I. |
| DMR Mailing City, State, Zip Code: | As listed in Item I. |


## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

|  |                      |
|--|----------------------|
| Facility Fee Category:<br><br>Surface Mining Operation | Filing Fee Enclosed: |
|--|----------------------|

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

|  |  |
|--|--|
| NAME AND OFFICIAL TITLE (type or print):<br><br>Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Brandon Spencer, President. | TELEPHONE NUMBER (area code and number):<br><br>(859) 333-8953 |
| SIGNATURE<br>   | DATE:<br><br>9/24/09   |

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**



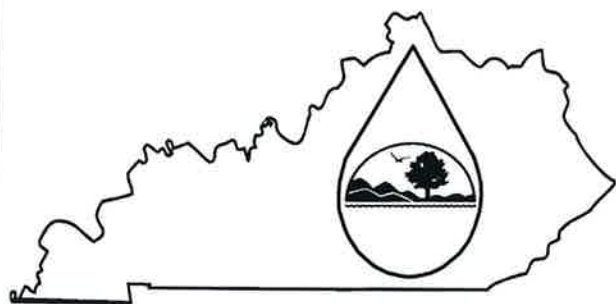
The map is a detailed topographic representation of a region, likely in the Pacific Northwest given the 'Naselle River' label. It features brown contour lines indicating elevation, with major peaks reaching over 4000 feet. A network of roads is shown, including major highways like SR 101 and SR 102. The project location is marked with a red outline and a yellow label 'PROJECT LOCATION' pointing to it. The map also shows various towns and communities such as Astoria, Cannon Beach, and Gearhart. The Naselle River is a prominent feature, flowing through the central part of the map. Other geographical features include numerous smaller streams, lakes, and forested areas. The map is oriented with North at the top.





# KPDES FORM C

AI # 105351



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, contact KPDES Branch, (502) 564-3410.

|                            |               |   |   |   |   |   |   |   |
|----------------------------|---------------|---|---|---|---|---|---|---|
| Name of Facility: 836-5536 | County: Floyd |   |   |   |   |   |   |   |
| <b>I. OUTFALL LOCATION</b> | AGENCY<br>USE | 0 | 1 | 0 | 8 | 1 | 7 | 1 |

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

| Outfall No.<br>(list) | LATITUDE |         |         | LONGITUDE |         |         | RECEIVING WATER (name)      |
|-----------------------|----------|---------|---------|-----------|---------|---------|-----------------------------|
|                       | Degrees  | Minutes | Seconds | Degrees   | Minutes | Seconds |                             |
| SS #1                 | 37       | 36      | 33      | 82        | 41      | 50      | Daniels Creek               |
| SS #2                 | 37       | 36      | 34      | 82        | 42      | 15      | Unnamed Trib. of Levisa Fk. |
| SS #4                 | 37       | 36      | 30      | 82        | 42      | 01      | Daniels Creek               |
| SS #5                 | 37       | 36      | 36      | 82        | 42      | 05      | Unnamed Trib. of Levisa Fk. |
| SS #6                 | 37       | 36      | 36      | 82        | 42      | 09      | Unnamed Trib. of Levisa Fk. |
| SS #7                 | 37       | 36      | 45      | 82        | 41      | 51      | Daniels Creek               |
| SS #8                 | 37       | 36      | 48      | 82        | 41      | 48      | Daniels Creek               |
| SS #9                 | 37       | 36      | 50      | 82        | 41      | 47      | Daniels Creek               |
| SS #10                | 37       | 36      | 41      | 82        | 42      | 41      | Unnamed Trib. of Levisa Fk. |
| SS #11                | 37       | 36      | 43      | 82        | 42      | 17      | Unnamed Trib. of Levisa Fk. |
| SS #12                | 37       | 36      | 40      | 82        | 41      | 51      | Daniels Creek               |

### II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

| OUTFALL NO.<br>(list) | OPERATION(S) CONTRIBUTING FLOW    |                                    | TREATMENT          |                           |
|-----------------------|-----------------------------------|------------------------------------|--------------------|---------------------------|
|                       | Operation (list)                  | Avg/Design Flow<br>(include units) | Description        | List Codes from Table C-1 |
| SS #1                 | Storm Water Runoff - Surface Mine | 62.60cfs                           | Sedimentation Pond | 1-U                       |
| SS #2                 | Storm Water Runoff - Surface Mine | 117.88cfs                          | Sedimentation Pond | 1-U                       |
| SS #4                 | Storm Water Runoff - Surface Mine | 10.98cfs                           | Sedimentation Pond | 1-U                       |
| SS #5                 | Storm Water Runoff - Surface Mine | 7.90cfs                            | Sedimentation Pond | 1-U                       |
| SS #6                 | Storm Water Runoff - Surface Mine | 23.18cfs                           | Sedimentation Pond | 1-U                       |
| SS #7                 | Storm Water Runoff - Surface Mine | 10.53cfs                           | Sedimentation Pond | 1-U                       |
| SS #8                 | Storm Water Runoff - Surface Mine | 21.32cfs                           | Sedimentation Pond | 1-U                       |
| SS #9                 | Storm Water Runoff - Surface Mine | 26.37cfs                           | Sedimentation Pond | 1-U                       |
| SS #10                | Storm Water Runoff - Surface Mine | 50.75cfs                           | Sedimentation Pond | 1-U                       |

## II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐

Yes (Complete the following table.)

☒

No (Go to Section III.)

| OUTFALL<br>NUMBER | OPERATIONS<br>CONTRIBUTING<br>FLOW | FREQUENCY            |                       | FLOW                  |                  |                                      |                  |                       |
|-------------------|------------------------------------|----------------------|-----------------------|-----------------------|------------------|--------------------------------------|------------------|-----------------------|
|                   |                                    | Days<br>Per Week     | Months<br>Per<br>Year | Flow Rate<br>(in mgd) |                  | Total volume<br>(specify with units) |                  | Duration<br>(in days) |
|                   |                                    |                      |                       | Long-Term<br>Average  | Maximum<br>Daily | Long-Term<br>Average                 | Maximum<br>Daily |                       |
| (list)            | (list)                             | (specify<br>average) | (specify<br>average)  |                       |                  |                                      |                  |                       |
|                   |                                    |                      |                       |                       |                  |                                      |                  |                       |

## III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐

Yes (Complete Item III-B) List effluent guideline category:

☒

No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐

Yes (Complete Item III-C)

☐

No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

| MAXIMUM QUANTITY |                  |   | Affected Outfalls<br>(list outfall numbers) |
|------------------|------------------|---|---|
| Quantity Per Day | Units of Measure | Operation, Product, Material, Etc.<br>(specify) |   |
|                  |                  |   |   |

## IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the

| OUTFALL No.<br>(list) | OPERATION(S) CONTRIBUTING FLOW    |                                       | TREATMENT          |                              |
|-----------------------|-----------------------------------|---------------------------------------|--------------------|------------------------------|
|                       | Operation (list)                  | Avg/Design<br>Flow<br>(include units) | Description        | List Codes From<br>Table C-1 |
| SS #11                | Storm Water Runoff - Surface Mine | 48.52 cfs                             | Sedimentation Pond | 1-U                          |
| SS #12                | Storm Water Runoff - Surface Mine | 7.32 cfs                              | Sedimentation Pond | 1-U                          |



discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐

Yes (Complete the following table)

☒

No (Go to Item IV-B)

| IDENTIFICATION OF CONDITION<br>AGREEMENT, ETC. | AFFECTED OUTFALLS |                     | BRIEF DESCRIPTION OF PROJECT | FINAL COMPLIANCE DATE |           |
|--|-------------------|---------------------|------------------------------|-----------------------|-----------|
|  | No.               | Source of Discharge |                              | Required              | Projected |
|  |                   |                     |                              |                       |           |

- B. OPTIONAL:** You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

**V. INTAKE AND EFFLUENT CHARACTERISTICS**

- A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.  
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

- D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

| POLLUTANT | SOURCE | POLLUTANT | SOURCE |
|-----------|--------|-----------|--------|
|           |        |           |        |

**VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS**

- A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☒ No (Go to Item VI-B)

- B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

- C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

### **INTAKE AND EFFLUENT CHARACTERISTICS**

This is a new surface mining permit and no sediment structures have yet been constructed to provide outfall. Effluent characteristics will be supplied within two years of permit issuance.

**VII. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below)

☒ No (Go to Section VIII)

**VIII. CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

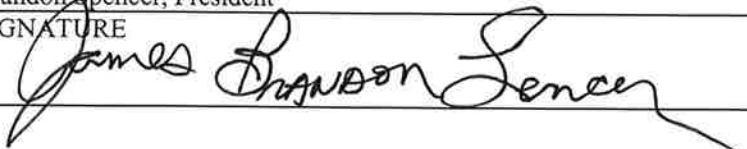
☐ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)

☒ No (Go to Section IX)

| NAME | ADDRESS | TELEPHONE<br>(Area code & number) | POLLUTANTS<br>ANALYZED (list) |
|------|---------|-----------------------------------|-------------------------------|
|      |         |                                   |                               |

**IX. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

|  |  |
|--|--|
| NAME AND OFFICIAL TITLE (type or print):<br>Brandon Spencer, President                           | TELEPHONE NUMBER (area code and number):<br>(859) 333-8953 |
| SIGNATURE<br> | DATE<br>9/24/09  |